Filing Number: 65836600

TX2017 05-102 VER. 8.0 (Rev.9-15/33)

## **Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

**■ Tcode** 13196

■ Taxpayer number	■ Report ye	ar				You have c	ou have certain rights under Chapter 552 and 559,					
30007445809	2017				vernment Code, to review, request and correct info we have on file about you. Contact us at 1-800-25							
Taxpayer name ENTEX BANCSHARES, INC.		<b>,</b>			Che	ck box if the	mailing ad	dress has	change	d.		
Mailing address P.O. BOX 71			•				ry of Stat	e (SOS) fi number	le num	ber or		
City State	State   ZIP					0065836600						
Check box if there are currently no changes from previous	_	ıs displayed, cor	75432 nplete the app	licable	ınform	•						
Principal office P.O. BOX 71, COOPER, TX 75432												
Principal place of business P.O. BOX 71, COOPER, TX 75432												
You must report officer, director, member, general partner and m	anager information as of	f the date you con	nplete this repo	ort.								
Please sign below! This report must be signe	d to satisfy franch	ise tax requir	rements.									
SECTION A Name, title and mailing address of each officer, di	rector, member, general	partner or manag	ger.				300	07445	,8U9.	1 /		
Name	Title			rector		Term	m i	m d	d	У	у	
JOE TURNER			] [2	X YES	S 	expiration						
Mailing address P. O. BOX 71	City COOPER					State TX		ZIP Code 7543				
Name	Title				S	Term	m	m d	d	у	y	
DONNA KING	TR					expiration						
Mailing address P. O. BOX 71	COOPER					State TX		ZIP Code 7543	2			
Name	Title	· · · · · · · · · · · · · · · · · · ·				Term	m	m d	d	y	У	
PATRICIA THATCHER				YES		expiration						
Mailing address P. O. BOX 71	COOPER					State TX		ZIP Code 7543	2			
SECTION B Enter information for each corporation, LLC, LP, P		, if any, in which	this entity owr	ns an in	terest (	of 10 percent	or more.					
Name of owned (subsidiary) corporation, LLC, LP, PA or financial in ENLOE STATE BANK		tate of formation LX		Texa 00	s SOS 0015	file number, 6301	f any	Percenta 100	ge of o	wnersh	iip	
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution State of form				Теха	s SOS	file number,	f any	Percenta	ge of o	wnersh	iip	
SECTION C Enter information for each corporation, LLC, LP, P.	A or financial institution	if any that owns	an interest of	10 ner	cent or	more in this	entity	-1-				
Name of owned (parent) corporation, LLC, LP, PA or financial institution   State of fi						file number, i	ge of o	wnersh	iip			
					ko a fil	ing with the S	'aaratan' a	f Ctata ta	<u></u>	-ociota		
Agent: ANITA FREEMAN	actions if you need to ma		agent,	registe	ered off	ice or general	partner i	nformation	manye 1.	registe	ereu .	
Office: 222 LEXIE ST.		City ENL(	DE			Sta	TX	. 17	Code 544	1		
The information on this form is required by Section 171.203 of the sheets for Sections A, B, and C, if necessary. The information	n will be available for p	oration, LLC, LP, I ublic inspection.	PA or financial					-				
I declare that the information in this document and any attachme been mailed to each person named in this report who is an office LLC, LP, PA or financial institution.	nts is true and correct to er, director, member, ger	o the best of my neral partner or r	knowledge and nanager and w	d belief vho is r	, as of not curr	the date belo ently employe	w, and tha ed by this	at a copy of or a relate	of this read corporate	eport horation	nas ,	
sign here	Title PRE	SIDENT	Date	Date		Area co		de and phone number ) -				
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**■ Tcode** 13196

■ Taxpayer number	■ Report	year		<b>V</b>							
30007445809	2017	7		Governmant Code,	You have certain rights under Chaptar 552 and 559 ernmant Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381						
Taxpayer name ENTEX BANCSHARES, INC.	k	Check box if the mailing address has changed.									
Mailing address P.O. BOX 71		Secretary of State (SOS) file number or Comptroller file number									
City State TX	ZIP Code plus	Code plus 4 0065836600									
Check box if there are currently no changes from previous year	; if no informati										
Principal office											
Principal place of business					ונו נען נען						
You must report officer, director, member, general partner and manage	er information as	of the date you complet	e this report.								
Please sign below! This report must be signed to	satisfy franc	hise tax requirem	ents.								
SECTION A Name, title and mailing address of each officer, director	-	·			300	074458	30917				
Name	Title		Director		m	m d	d y	у			
EMILY MARTINEZ	PRES		X YES	Term expiration							
Mailing address P. O. BOX 71	City COOPER		1	State TX		ZIP Code 75432					
Name	Title		Director		m i	m d	d y	у			
JOHNNY PATTERSON			X YES	Term expiration							
Mailing address P. O. BOX 71	COOPER			State TX		ZIP Code 75432	,				
Name	Title		Director	Torm	m i	m d	d y	У			
JEANNIE SWAIM			X YES	expiration							
Mailing address P. O. BOX 71	COOPER			State TX		ZIP Code 75432	?				
SECTION B Enter information for each corporation, LLC, LP, PA, or		on, if any, in which this	entity owns an in	terest of 10 percent of	or more.	ــــــــــــــــــــــــــــــــــــــ					
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institu	rtion	State of formation	Texa	s SOS file number, i	fany	Percentage	e of owne	rship			
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institu	ition	State of formation	Texa	s SOS file number, i	f any	Percentage of ownership					
SECTION C Enter information for each corporation, LLC, LP, PA or f	inancial institution	on, if any, that owns an i	interest of 10 perc	ent or more in this e	entity.						
Name of owned (parent) corporation, LLC, LP, PA or financial institution		State of formation		s SOS file number, i		Percentage of ownership					
Registered agent and registered office currently on file (see instruction Agent:	s if you need to	make changes)		ke a filing with the S red office or general			hange reg	istered			
Office:		City	ayeni, registe	Sta	•		Code				
The information on this form is required by Section 171.203 of the Tax C	ode for each cor	poration, LLC, LP, PA o	r financial instituti	on that files a Texas	Franchis	e Tax Repor	rt. Use ad	ditional			
sheets for Sections A, B, and C, if necessary. The information will declare that the information in this document and any attachments is	true and correc	t to the hest of my know	vledge and belief,	as of the date below	w, and the	at a copy of	this repo	rt has			
been mailed to each person named in this report who is an officer, dir LLC, LP, PA of financial institution.			iger and who is n	ot currently employe							
sign ► UUJM / 1000U	Title PI	RESIDENT	P29-12	17	Area cod	le and phone )	e number -				
	exas Complu	THE WAY IS NOT THE TOTAL STREET			ar in the						
<b>                                     </b>	P 117 S 184		<b>Ι. \$ ■</b> Ι ΙΙΙ								
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Taxpayer name ENTEX BANCSHARES, INC.	•		-		Che	eck box if the r	mailing add	dress has chai	nged.				
Mailing address P.O. BOX 71								e (SOS) file n	umber or				
City State TX	State				ZIP Code plus 4								
Check box if there are currently no changes from previous year;	if no informatio	on is displayed,			inform								
Principal office						7							
Principal place of business													
You must report officer, director, member, general partner and manager	r information as	of the date you	complete this r	eport.		_							
Please sign below! This report must be signed to	satisfy franc	hise tax req	uirements.							HH			
SECTION A Name, title and mailing address of each officer, director		_					300	0744580	1917				
Name	Title			Director		T	m r	n d a	l y	У			
ANITA MOODY	SECRETAI		X YI	S	Term expiration								
Mailing address P. O. BOX 71	City COOPER					State TX	tate   ZIP Co TX   754						
Name Part / I	Title			Director			m n	n d a	y y	У			
			ŀ	∐ YI	ES .	Term expiration							
Mailing address	City	•			State		ZIP Code						
Name	Title	Direc				Term	m n	n d a	у	У			
				∐ YI	S	expiration							
Mailing address	City					State		ZIP Code					
SECTION B Enter information for each corporation, LLC, LP, PA, or f	inancial instituti	on, if any, in wh	ich this entity o	owns an	nterest	of 10 percent	or more.	· <del>·</del>					
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution State of formation				Tex	as SOS	file number, i	f any	Percentage of	f owners	hip			
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institut	icial institution State of form			n Texas SOS			f any	Percentage of ownership					
SECTION C Enter information for each corporation, LLC, LP, PA or fi				-6 10		t dela		.l					
SECTION C Enter information for each corporation, LLC, LP, PA or fi Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of format				file number, i		Percentage of	of owners	hin				
							th the Secretary of State to change registered						
Registered agent and registered office currently on file (see instruction: Agent:	s if you need to i	make changes)				ling with the S fice or general			nge regist	tered			
Office:		City				Sta	ite	ZIP Co	de	$\neg$			
The information on this form is required by Section 171.203 of the Tax C sheets for Sections A, B, and C, if necessary. The information will I	ode for each cor	poration, LLC, L	P, PA or financi	ial institu	ition tha	t files a Texas	Franchise	Tax Report.	Use addit	tional			
I declare that the information in this document and any attachments is been mailed to each person named in this report who is an officer, dire LLC. LP. PA or financial institution.	true and correct	t to the best of	my knowledge	and belied and who is	ef, as of not cur	the date belowerently employe	w, and tha	t a copy of th or a related c	is report orporation	has n,			
sign here	Title PRESIDENT			Date			Area code and phone number						
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